



APPLICATION FOR CERTIFICATE OF USE FOR SIDEWALK CAFÉ IN PUBLIC SPACE

PERMIT OPERATIONS DIVISION

1100 4th St., SW, Washington DC, 20024

Date: _____

CU

CERTIFICATE OF USE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY

Address of Premise:		Square: Lot:	TYPE OF APPLICATION: a. NEW b. RENEWAL
Owner of Business:	Owner's Address:		Phone:
Authorized Agent: Firm Name:	Address:		Phone:
Sidewalk Café Permit Number:		Date Originally Issued:	
Seating Capacity: Restaurant _____ Sidewalk Café _____		Type: A. Enclosed B. Unenclosed	
Size of Sidewalk Café: Length _____ Width _____ Name of Restaurant _____			
<p>APPLICANT: I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH ON THIS APPLICATION. I FURTHER UNDERSTAND PENALTIES ARE PROVIDED FOR FURNISHING FALSE INFORMATION. I hereby certify that the application and plans are complete and correct to the best of my knowledge; and that if a certificate is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations and other applicable laws and regulations of the District of Columbia.</p> <p>Name: _____ Signature: _____</p> <p>Date: _____</p>			
<p>AGENT:</p> <p>Name: _____ Signature: _____</p> <p>Date: _____</p>			
<p>Business Owner:</p> <p>Name: _____ Signature: _____</p> <p>Date: _____</p> <p>OWNER: I hereby certify that I am the owner of the property; that the application and plans are complete and correct to the best of my knowledge; and that if a permit (or permits) is issued, the construction will conform to the D.C. Construction Codes, the Zoning Regulations and other applicable laws and regulations of the District of Columbia.</p>			
District Department of Transportation Inspector Name: _____ Approved: _____ Disapproved: _____ PS Fees Applicable Yes _____ If Yes, \$ _____ No _____		Inspections and Compliance Administration Inspector Name: _____ Approved: _____ Disapproved: _____	

TO REPORT WASTE, FRAUD OR ABUSE BY
ANY DC GOVERNMENT OFFICE OR OFFICIAL,
CALL THE INSPECTOR GENERAL AT 1-800-521-1639

